Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>10-07-07</u>	Address:	<u>16485 N SR 162</u>
Case #:	<u>34-33239</u>		Santa Claus
County:	Spencer		<u>In 47579</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (check all that apply) Residence Hotel/Motel	
Dumps.	ite (only)	Outbuilding ○ Vehicle	☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen. open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Residence, Barn ☐ Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Residence, Barn ☑ Water Reactive Metal (Lithium): Residence, Barn ☑ Anhydrous Ammonia: Barn ☑ Hydrochloric Acid Gas Generator(s): Residence, Barn ☑ Corrosive Acid: Residence ☐ Cortosive Base: ☐ Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
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Health Depa	re Department: Santa Claus VFD alth Department: Spencer Co ild Protection Service:		5 <u>49-</u> 6047
Investigating		ne <u>(812) 482-1441</u>	
i nis fort	m is to be faxed to the Pire Department, Heal	th Department and/or Chil	d Protective Services Department

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.